

<b>MODIFICATION OF CONTRACT</b>			<b>Page of</b>	<b>Pages</b>
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<b>1A. Contract No.</b> 696-HS-18-19-A089	<b>1B. Order No.</b> (PO,JO,SA)	<b>2. Modification No.</b> M-001	<b>3. Effective Date</b> September 20, 2017	
<b>4. Issued By:</b>  Texas Department of Criminal Justice Contracts and Procurement, Client Services and Governmental Contracts Branch Two Financial Plaza, Suite 525 Huntsville, Texas 77340		<b>5. Name and Address of Contractor (No., street, city, state &amp; ZIP code)</b>  The University of Texas Medical Branch at Galveston 301 University Boulevard Galveston, Texas 77555-1008		
<b>6. BILATERAL MODIFICATION ISSUED PURSUANT TO AUTHORITY UNDER:</b> Article XII.C, General Provisions.				
<b>7. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN <u>3</u> ORIGINALS TO THE ISSUING OFFICE.</b>				
<b>8. PURPOSE OF MODIFICATION:</b> Replace Exhibit A.				
<b>9. DESCRIPTION OF MODIFICATION:</b>  Replace Exhibit A, Offender Health Services Plan, dated September 2015, with revised Exhibit A, Offender Health Services Plan, dated September 2017.				
Except as provided herein, all terms and conditions of the contract referenced above, as hereto changed, remain unchanged and in full force and effect.				
<b>9A. Name and Title of Authorized Representative (Type or Print)</b>  Cheryl A. Sadro, CPA, MSM Chief Business and Finance Officer		<b>9B. The University of Texas Medical Branch at Galveston</b>  _____ (Signature of Authorized Representative)		<b>9C. Date Signed</b>
<b>10A. Authorized Representative</b>  Bryan Collier Executive Director		<b>10B. Texas Department of Criminal Justice</b>  _____ (Signature of Authorized Representative)		<b>10C. Date Signed</b>

**Correctional Managed  
Health Care Committee**

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# **Offender Health Services Plan**

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**Adopted September 2003**

(Reviewed August 2005)

(Reviewed and Updated June 2007)

(Reviewed and Updated August 2009)

(Reviewed and Updated September 2011)

(Reviewed August 2013)

(Reviewed September 2015)

(Reviewed and Updated September 2017)

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# **Offender Health Services Plan**

## Correctional Managed Health Care Committee

### **Introduction**

The Offender Health Services Plan describes the level, type and variety of health care services made available to offenders incarcerated within the Texas Department of Criminal Justice. This Plan is adopted pursuant to Section 501.146 of the Texas Government Code. In this Plan health care services are delivered through a cooperative arrangement between TDCJ, the University of Texas Medical Branch at Galveston and the Texas Tech University Health Sciences Center under the direction of the Correctional Managed Health Care Committee.

## Definition of Health Care Services

Health Care, for the purposes of this Plan, is defined as health-related actions taken, both preventive and medically necessary, to provide for the physical and mental well-being of the offender population. Health care, among other aspects, includes medical services, dental services, and mental health services.

## Access to Care

All offenders shall have equal access to health care services. Each facility within TDCJ has written procedures which describe the process for offenders to gain access to the care needed to meet their medical, dental and mental health needs. Offenders are provided information at intake and upon receipt at their unit of assignment on the procedures for obtaining health care services.

## Classification of Levels of Care

For purposes of this Plan, health care services can be prioritized into the following classifications:

**Level I Medically Mandatory:** Care that is essential to life and health and without which rapid deterioration is expected. The recommended treatment intervention is expected to make a significant difference or is very cost effective.

- *Care at Level I is authorized and provided to all inmates.*

**Level II Medically Necessary:** Care that is not immediately life threatening, but without which the patient could not be maintained without significant risk of serious deterioration or where there is a significant reduction in the possibility of repair later without treatment.

- *Care and treatment of conditions at Level II is provided to all inmates but evolving standard and practice guidelines controls the extent of service.*

## Utilization Management and Review

Utilization management and review is a physician-driven system for making individual evaluations as to medical necessity. The review process entails consulting national accepted standards of care and comparing the individual circumstances of each case. Referrals for certain types of care require prior authorization through the utilization review process. Determinations made through the utilization management and review process may be appealed by the referring provider for additional review and decision in accordance with established procedures.

## Formulary and Disease Management Guidelines

A standard statewide formulary is maintained by the Pharmacy and Therapeutics Committee and updated as needed and at least annually. This committee meets regularly

to review the use of drugs within the health care system, evaluate agents on the formulary and consider changes to the available medications. All medications prescribed for offenders must be listed in the formulary, unless specific medical necessity exists for authorizing a non-formulary medication. In such circumstances, a request for non-formulary approval will be processed and evaluated. Non-formulary determinations may be appealed by the referring provider for additional review and decision in accordance with established procedures.

In addition to the formulary, the Pharmacy and Therapeutics Committee develops and maintains disease management guidelines that outline recommended treatment approaches for management of a variety of illnesses and chronic diseases. These guidelines are reviewed regularly and updated as necessary. Disease management guidelines focus on disease-based drug therapy and outline a recommended therapeutic approach to specific diseases. They are typically developed for high risk, high volume, or problem prone diseases encountered in the patient population. The goal is to improve patient outcomes and provide consistent, cost-effective care, which is based on national guidelines, current medical literature, and has been tailored to meet the specific needs of the patient population served.

Disease management guidelines are just that. They are guidelines. They represent pathways that will help practitioners provide care for the majority of patients in the middle portion of a bell shaped curve. Pathways do not replace sound clinical judgment nor are they intended to strictly apply to all patients.

## **Complaints and Grievances About Health Care**

If an offender believes that he/she has not received medical care that is necessary and appropriate for his/her medical condition, the following mechanisms are available:

- First, asking questions of the treating professionals in the medical department in order to understand what is being done to address the issue;
- If the issue remains unresolved, the next step is to complete an I-60 Request to Official form and send it to the facility medical complaints coordinator at the medical department for informal resolution;
- An offender also has the right to file a grievance in accordance with the appropriate offender grievance procedures.

## **Offender Co payment Requirements**

In accordance with state law, if a visit to a health care provider meets offender health care co-payment criteria, the offender may be assessed a \$100.00 annual co-payment fee. Offenders will be afforded access to health care services regardless of their ability to pay this fee.

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## Offender Health Services Plan

*All services are subject to a determination of medical necessity.*

### Medical Services And Supplies Provided By Physicians And Other Health Care Professionals

Service Description
<p><b>Diagnostic and treatment services</b></p> <p>Professional services of providers</p> <ul style="list-style-type: none"><li>■ In provider's office or department</li><li>■ Consultations by specialists when indicated</li><li>■ Office medical consultations</li><li>■ During a hospital stay</li><li>■ During an infirmary stay</li></ul>
<p><b>Laboratory, X-ray and other diagnostic tests</b></p> <p>Tests, including but not limited to:</p> <ul style="list-style-type: none"><li>■ Blood tests</li><li>■ Urinalysis</li><li>■ Pathology</li><li>■ X-rays</li><li>■ Mammograms</li><li>■ Cat Scans/MRI</li><li>■ Ultra sound</li><li>■ Electrocardiogram and EEG</li></ul>



**Treatment Therapies**

- Chemotherapy and radiation therapy
- Respiratory and inhalation therapy
- Dialysis--hemodialysis and peritoneal dialysis
- Intravenous (IV)/Infusion therapy

**Physical and Occupational Therapies**

Services for each of the following:

- Qualified physical therapists
- Occupational therapists
- Rehabilitation therapy and exercise

Notes: Physical and occupational therapy is limited to services that assist the member to achieve and maintain self-care and improved functioning in other activities of daily living.

Cardiac rehabilitation is provided subject to the limitations below.

Therapy to restore bodily function is provided only when there has been a total or partial loss of bodily function due to injury or illness.

Services are limited to those that continue to meet or exceed the treatment goals established by the provider. For the physically disabled--maintenance of functioning or prevention of or slowing of further deterioration.

**Hearing Services**

- Audiogram if medically indicated
- Placement of hearing aid when medically necessary

**Vision Services**

- Eye examination (vision screening) to determine the need for vision correction
- Ocular prosthesis if medically indicated
- Optometry services
- Corrective lenses as medically indicated

**Foot Care**

- Corrective orthopedic shoes, arch supports, braces, splints or other foot care items if medically indicated

**Orthopedic and prosthetic devices**

- Artificial limbs and eyes; stump hose
- Terminal devices
- Braces for arms, legs, back or neck
- External cardiac pacemaker
- Internal prosthetic devices, such as artificial joints, pacemakers
- Foot orthotics when medically necessary

**Durable Medical Equipment**

Provision of necessary durable medical equipment, including repair and adjustment, as prescribed by the provider, such as:

- Hospital beds
- Standard wheelchairs
- Crutches
- Walkers
- Blood glucose monitors
- Suction machines
- Oxygen

**Educational Material, Classes or Programs**

Health education material, classes and programs are provided

**Preventive Health Care Services**

Service Description
<p><b>Routine Immunizations</b></p> <p>Limited to Td, MMR, influenza (over age 54), pneumococcal vaccine (over age 64)</p>
<p><b>Medically Indicated Immunizations</b></p>
<p><b>Hepatitis A vaccination for Occupational Risk</b></p>
<p><b>Hepatitis B vaccinations will be administered according to correctional managed health care infection control policy and protocol</b></p>
<p><b>Post-exposure testing and prophylaxis for offender non-occupational bloodborne pathogen exposure</b></p>
<p><b>TB Related Services</b></p> <ul style="list-style-type: none"> <li>■ Annual TB screening tests</li> <li>■ Treatment of Latent TB infection</li> <li>■ Directly observed therapy for TB disease</li> <li>■ Treatment for TB, including respiratory isolation when indicated</li> <li>■ Contact investigation around active TB cases</li> <li>■ Specialty Consultation for drug-resistant TB cases</li> </ul>

<p><b>HIV Related Services</b></p> <ul style="list-style-type: none"> <li>■ HIV testing and counseling upon intake and prior to release as required by state law</li> <li>■ HIV testing and counseling upon request (no more than every 6 months)</li> <li>■ Antiretroviral therapy for HIV according to correctional managed health care policy and protocol</li> <li>■ Opportunistic infection prophylaxis</li> <li>■ Infectious disease consultation for HIV infection</li> </ul>
<p><b>Partner elicitation and referral for Sexually Transmitted Diseases, including HIV</b></p>
<p><b>Syphilis screening upon intake</b></p>
<p><b>Testing for communicable diseases when clinically indicated</b></p>
<p><b>Treatment of chronic Hepatitis B and C according to correctional managed health care policies and protocols</b></p>
<p><b>Hepatitis C antibody testing upon offender request</b></p> <p style="text-align: center;">No greater than once per year</p>
<p><b>Post-exposure prophylaxis for varicella when medically indicated</b></p>
<p><b>Post-exposure Prophylaxis for meningitis when clinically indicated</b></p>
<p><b>Periodic medical assessments as required for certain job assignments involving excessive noise exposure or use of a respirator</b></p>
<p><b>Access to personal hygiene supplies as described in correctional managed health care policy and protocol</b></p>
<p><b>Periodic physical examination, according to frequency designated in policy</b></p>
<p><b>Annual fecal occult blood test over age 50</b></p>
<p><b>Health education services</b></p>

**Mammogram Services for Females**

- Baseline mammogram at age 40
- Mammogram every 1-2 years for ages 40-49; annually from age 50 and higher

**For females, annual pelvic exam and Pap smear**

Frequency may be adjusted by the provider when clinically indicated

**Obstetrical Services**

- Prenatal and postnatal care, including medically indicated vitamins and nutritional care
- Delivery and complications of pregnancy

Note: Elective termination of pregnancy is not covered. Medical care of the newborn infant is not covered.

**Surgical and Anesthesia Services provided by Providers and other Health Care Professionals**

*Facility Providers must obtain precertification for all offsite surgical procedures.*

Service Description
<p><b>Surgical Procedures</b></p> <p>A comprehensive range of services, such as:</p> <ul style="list-style-type: none"> <li>■ Operative procedures</li> <li>■ Treatment of fractures, including casting</li> <li>■ Normal pre- and post-operative care by the surgeon</li> <li>■ Endoscopy procedures</li> <li>■ Biopsy procedures</li> <li>■ Removal of tumors and cysts</li> <li>■ Insertion of internal prosthetic devices</li> </ul>

**Services Provided by an Infirmary, Hospital or Other Facility and Ambulance Services**

*Facility physicians must obtain precertification for hospital stays. All services are subject to a finding of medical necessity.*

Service Description
<p><b>Infirmary Care</b></p> <p>Health care services at TDCJ facilities with infirmaries for an illness or diagnosis that requires limited observation and/or management by a registered nurse, but does not require admission to a licensed hospital.</p> <p><b>Inpatient Hospital</b></p> <p>Room and Board</p> <ul style="list-style-type: none"> <li>■ General Nursing Care</li> <li>■ Meals and Special Diets</li> </ul> <p>Other Hospital Services, such as:</p> <ul style="list-style-type: none"> <li>■ Operating, recovery, obstetrical and other treatment rooms</li> <li>■ Prescribed drugs and medicines</li> <li>■ Diagnostic laboratory tests and X-rays</li> <li>■ Administration of blood and blood products</li> <li>■ Blood or blood plasma</li> <li>■ Dressings, splints, casts and sterile tray services</li> <li>■ Medical supplies and equipment, including oxygen</li> <li>■ Anesthetic services as necessary</li> </ul>



**Hospice Care**

Supportive and palliative care for the terminally ill is provided in a designated hospice facility. Services include inpatient and outpatient care. These services are provided by a multidisciplinary team under the direction of the facility provider who certifies the terminal stages of illness, with a life expectancy of approximately six months or less. Services include appropriate support services at the correctional unit for the offender's family as outlined in policy.

**Ambulance**

Local professional ambulance service when medically necessary

**Medical Emergency Services**

A medical emergency is the sudden and unexpected onset of a condition or an injury that your facility provider believes endangers your life or could result in serious injury or disability, and requires immediate medical or surgical care.

**Mental Health Services**

Service Description
<p data-bbox="263 487 537 516"><b>Mental Health Care</b></p> <p data-bbox="407 556 1300 617">Diagnostic and treatment services recommended by a qualified mental health provider, including:</p> <ul data-bbox="456 653 1300 1472" style="list-style-type: none"><li data-bbox="456 653 1279 682">■ Professional services such as medication monitoring and management</li><li data-bbox="456 716 716 745">■ Outpatient services</li><li data-bbox="456 779 889 808">■ Psycho-social services as indicated</li><li data-bbox="456 842 1300 934">■ Inpatient services provided by a correctional health care approved facility, including as necessary, diagnostic evaluation, acute care, transitional care and extended care</li><li data-bbox="456 968 932 997">■ Crisis management/Suicide Prevention</li><li data-bbox="456 1031 792 1060">■ Continuity of care services</li><li data-bbox="456 1094 899 1123">■ Specialized mental health programs<ul data-bbox="505 1157 1081 1377" style="list-style-type: none"><li data-bbox="505 1157 1081 1186">■ Program for the Aggressive Mentally-Ill Offender</li><li data-bbox="505 1220 954 1249">■ Mentally Retarded Offender Program</li><li data-bbox="505 1283 1065 1312">■ Administrative Segregation step-down program</li><li data-bbox="505 1346 954 1375">■ Program for the chronic self-injurious</li></ul></li><li data-bbox="456 1409 1300 1472">■ Emergency mental health services are available 24 hours a day, seven days per week.</li></ul>

**Pharmacy Services****Service Description**

Medically necessary medications are provided to offenders when clinically indicated.

- Over the counter medications as specified by the formulary and policy
- Formulary prescription medications
- Non-formulary medications must have prior authorization through the non-formulary approval process
- Maintenance medications are dispensed as a 30-day supply with up to 11 refills authorized
- Acute medications (e.g., antibiotics) are dispensed as a course of therapy and may not be refilled without obtaining a new prescription from the provider
- Certain medications may be provided KOP (Keep on Person) based on policy

**Dental Services**

***Eligibility for Dental Services:***

- All offenders are eligible for emergency or urgent needs (Level 1).
- All offenders are eligible for interceptive care (Level 2). Subject to Annual Health Care Services Fee.
- All offenders are eligible for routine care (Level 3) after 12 months of incarceration and demonstration of satisfactory oral hygiene. Subject to Annual Health Care Services Fee.
- Referrals for evaluation and treatment by specialists will be subject to utilization review process and require prior authorization
- Dentists may request variation from the guidelines regarding eligibility and scope of services for the protection of patients judged to have special dental needs jeopardizing overall health.

Service Description
<p><b>Diagnostic/Preventive Dentistry by Primary Dentist</b></p> <ul style="list-style-type: none"> <li>■ Initial/Periodic oral examination</li> <li>■ Development of treatment plan</li> <li>■ Oral cancer examination</li> <li>■ Visual aids</li> <li>■ Consultations</li> </ul>
<p><b>Dental X-rays</b></p> <ul style="list-style-type: none"> <li>■ Bitewing</li> <li>■ Single</li> <li>■ Other X-rays                             <ul style="list-style-type: none"> <li>■ Full Mouth</li> <li>■ Panoramic</li> </ul> </li> </ul>

**Prophylaxis**

- Oral hygiene instruction
- Fluoride treatment
- Sealant treatment (per tooth)
- Infection control

**Restorative (fillings) by Primary Dentist**

- Amalgam (silver) restorations: primary or permanent (1, 2, 3 or more surfaces)
- Composite resin (white) restorations on anterior teeth (1, 2, 3 or more surfaces)
- Acid etch bonding for repair of incisal edge

**Endodontics (Root Canal Therapy/Anterior Teeth) by Primary Dentist****Oral Surgery by Primary Dentist**

- Single/multiple tooth extraction(s)
- Surgical extraction-erupted tooth
- Surgical extraction-soft tissue impaction
- Surgical extraction-partial bony impaction
- Surgical extraction-full bony impaction

**Periodontics (Gum treatment) by Primary Dentist**

- Occlusal Adjustment-Limited
  - Occlusal Adjustment-Complete
- Periodontal scaling and root planing (per quadrant)

**Major restorative dentistry by Primary Dentist**

- Re-cement crown/bridge
- Post for crown
- Stainless steel crown

**Prosthodontics by Primary Dentist**

- Medically Necessary Prosthodontics (dentures)
- TMJ Appliance

University Providers will demonstrate best effort to comply with a 30-90 day time frame for delivery of those qualifying for oral prosthetics.

The Offender Health Services Plan is intended to serve as a guide for determining the health care services provided to offenders. It is not intended to represent an all-inclusive list of services to be provided nor to replace sound clinical judgment of the health care providers. In addition, the Plan is intended to work in conjunction with other tools provided to health care providers such as the approved formulary and disease management guidelines adopted by the program.

The Plan should also be considered a work in progress. As necessary, the Plan will be updated to reflect changes in policy, practice, and standards of care. The Plan was developed in a cooperative effort of the three medical directors involved in the correctional managed health care program, along with the input of management in various health care disciplines. The Plan also draws heavily on a number of reference documents, most notably, the Oregon Department of Corrections Health Care Plan and the HMO Blue Texas Plan.